

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-416)

APPLICANT

9/5/93

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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49						
50						
TOTAL IND.	1	1	2	2	3	3
TOTAL DEP.	1	1	2	2	3	3
TOTAL	2	2	4	4	6	6

	IND.		DEP.		IND.		DEP.	
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL								

9/5/93

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